

# KANSAS DEPARTMENT OF CREDIT UNIONS

## APPLICATION FOR FIELD OF MEMBERSHIP CHANGE

(Attach a separate application for each group included in your request for expansion)

1. NAME & ADDRESS OF CREDIT UNION: \_\_\_\_\_

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2. NAME OF FIRM/ASSOCIATION TO BE ADDED: \_\_\_\_\_

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DESCRIPTION OF BUSINESS: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

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3. TOTAL NUMBER OF POTENTIAL EMPLOYEES/MEMBERS TO BE ADDED:

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4. SPONSOR'S HEADQUARTERS LOCATION: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_

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WORK AND/OR PAID FROM LOCATION. INCLUDE THE NUMBER OF EMPLOYEES  
AT EACH LOCATION:

ADDRESS: \_\_\_\_\_ EMPLOYEE NO.: \_\_\_\_\_

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Page 2

5. DISTANCE IN MILES TO THE NEAREST CREDIT UNION OFFICE: \_\_\_\_\_

6. INDICATE THE NAME OF THE CLOSEST BRANCH: \_\_\_\_\_

7. IS THE GROUP ELIGIBLE FOR MEMBERSHIP IN **ANY OTHER CREDIT UNION?**

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, GIVE THE NAME AND LOCATION OF THE  
CREDIT UNION: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. INCLUDE A COPY OF THE CREDIT UNION'S MOST CURRENT BALANCE SHEET  
AND YEAR-TO-DATE INCOME STATEMENT WITH THIS.

9. INCLUDE A COPY OF THE BOARD OF DIRECTOR'S MINUTES SUPPORTING THE  
REQUEST FOR THE CHANGE OF MEMBERSHIP.

IF THIS REQUEST FOR CHANGE OF MEMBERSHIP IS A RESULT OF A  
REORGANIZATION OR MERGER OF A SPONSORING GROUP, ENCLOSE A LETTER  
WHICH EXPLAINS THE REORGANIZATION OR MERGER.

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_  
(Chairperson, Credit Union's Board of Directors -- Please type or print)

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_